

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FLUNG DATE

APPLICANT(S)

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
	CLAIMS						APPLICANT(S)					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
1	1						51					
2	1						52					
3	1						53					
4							54					
5	1						55					
6							56					
7	1						57					
8							58					
9	1						59					
10	3						60					
11	3						61					
12	3						62					
13	1						63					
14	1						64					
15							65					
16	1						66					
17	1						67					
18	1						68					
19	1						69					
20	3						70					
21	3						71					
22	3						72					
23	1						73					
24	1						74					
25	3						75					
26	3						76					
27	3						77					
28	3						78					
29	3						79					
30	3						80					
31	3						81					
32	1						82					
33	1						83					
34	1						84					
35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41	1						91					
42	3						92					
43	3						93					
44	3						94					
45	3						95					
46	3						96					
47	3						97					
48	3						98					
49	3						99					
50	3						100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL							TOTAL					